Docket No. 67656-A/JPW/DCIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Sylvia G. Kachalsky, et al.
Serial No. : 10/612,318 Examiner: Olga N. Chernyshev
Filed : July 1, 2003 Group Art Unit: 1649
For : STR50 AND USES THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: December 18, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

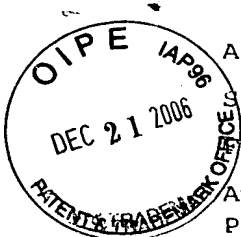
	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	21 -	* 23 =	*** 0 X	\$25	\$50	=	0
Independent Claims	4 -	** 6 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".



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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included).

☒ A Petition for an Extension of Time, including a fee of
\$ 450.00 for a Petition for 2 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 450.00.

☐ A check in the amount of \$ ☐ is enclosed.

☒ Please charge Deposit Account No. 03-3125 in the amount of
\$ 450.00.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White
Reg. No. 28,678

12/18/06
Date

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